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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675112 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 10/15/2024 |
| NAME OF PROVIDER OR SUPPLIER Coral Rehabilitation and Nursing of Arlington | | STREET ADDRESS, CITY, STATE, ZIP CODE 1112 Gibbins Rd Arlington, TX 76011 | |

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) |
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| <p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45054</p> <p>Based on observation, interview and record review the facility failed to ensure a resident who needed respiratory care, including tracheostomy care and tracheal suctioning, was provided such care, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences for 3 of 5 residents (Residents #1, #2, and #3) reviewed for respiratory care.</p> <p>The facility failed to change and date Residents #1, #2 and #3's oxygen and nasal cannula tubing and humidifier bottle every week.</p> <p>This failure could place residents at risk for respiratory infections .</p> <p>Findings Include:</p> <p>1. Record review of Resident #1's face sheet, dated 10/15/24, reflected a [AGE] year-old female who was admitted to the facility on [DATE] and readmitted on [DATE]. Resident #1 had diagnoses which included: metabolic encephalopathy (neurological disorder), morbid obesity (excessive body fat), heart disease, cholelithiasis (gallstones) and type II diabetes (the body's inability to regulate blood sugar levels).</p> <p>Record review of Resident #1's care plan, revised 05/30/24, reflected the resident was diagnosed with anemia (low number of red blood cells) with the use of oxygen via NC 2L as needed. Interventions included giving medications as ordered, monitoring/documenting/reporting s/sx of anemia and using oxygen 2L via NC as needed.</p> <p>Record review of Resident #1's Quarterly MDS Assessment, dated 07/11/24, reflected the resident had a BIMS score of 15, which indicated her cognition was intact. Resident #1 was dependent and required maximal assistance with most ADLs and mobility. The MDS Assessment did not indicate that Resident #1 received oxygen therapy.</p> <p>Record review of Resident #1's order summary report, dated 10/15/24, reflected, in part, the following orders:</p> <p>-O2 at 2L per NC as needed to keep sat above 90%; active, order date 08/30/23</p> <p>(continued on next page)</p> |

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| <p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>-Check to make sure all tubing for oxygen/trach /humidifier have been changed and dated accordingly every shift if not, change and date them accordingly, active, order date 01/26/24.</p> <p>In an observation and interview on 10/15/24 at 10:12 AM, Resident #1 was observed lying awake in bed and was not wearing her nasal cannula to receive oxygen. Resident #1 stated she did not like wearing the nasal cannula because it was uncomfortable in her nose. Resident #1 stated she only used the oxygen as needed. Observation of the oxygen equipment revealed the tubing was dated 9/23 and the humidifier bottle was dated 10/4. Resident #1 stated she was not sure when the last time the nurse changed her equipment. Resident #1 denied having any concerns with her oxygen machine.</p> <p>2. Record review of Resident #2's face sheet, dated 10/15/24, a [AGE] year-old male who admitted to the facility on [DATE] and readmitted on [DATE]. Resident #2 had diagnoses which included: chronic respiratory failure with hypoxia (lack of oxygen in lung tissue), shortness of breath, chronic obstructive pulmonary disease (lung disorder that blocks airflow and makes it difficult to breathe), type II diabetes (the body's inability to regulate blood sugar levels), schizoaffective disorder (a chronic mental illness that causes a person to experience symptoms of both schizophrenia and a mood disorder) , heart failure, and chronic kidney disease.</p> <p>Record review of Resident #2's care plan, revised 01/18/24, reflected the resident received continuous oxygen via nasal cannula at 5 LPM with interventions to give medication as ordered by the physician, and to monitor for s/sx of respiratory distress and report to MD PRN .</p> <p>Record review of Resident #2's Annual MDS Assessment, dated 10/01/24, reflected the resident had a BIMS score of 13, which indicated her cognition was intact. Resident #2 was independent and needed set-up assistance/supervision with most ADLs and mobility. Resident #2 received oxygen therapy.</p> <p>Record review of Resident #2's order summary report, dated 10/15/24, reflected in part the following orders:</p> <ul style="list-style-type: none"> -Continuous oxygen via nasal cannula at 5 LPM; active, order date 03/26/24 -Change and date oxygen/NEB tubing weekly on Sunday 10pm-6am shift; active, order date 03/26/24. -Oxygen 4-6L while out of room on portable oxygen to keep sat above 92%; active, order date 05/30/24. <p>In an observation and interview on 10/15/24 at 10:38 AM, Resident #2 was lying awake in bed and was wearing his nasal cannula to receive oxygen. Resident #2 stated he had to wear the oxygen continuously. Resident #2 stated the nurses changed his equipment, but he did not know how often it was done. Observation of the oxygen equipment revealed the tubing was dated 9/23 and the humidifier bottle's date was not completed visible; however, it showed 9/ , which indicated the month was September. Resident #2 stated he did not have any concerns with his oxygen equipment.</p> <p>3. Record review of Resident #3's face sheet, dated 10/15/24, reflected a [AGE] year-old female who was admitted to the facility on [DATE] and readmitted on [DATE]. Resident #3 had diagnoses which included: cerebral infarction (stroke), aphasia (loss of ability to understand or express speech), muscle weakness, chronic venous hypertension (elevated blood pressure in veins), and depressive disorder (mental illness that causes a persistent feeling of sadness and loss of interest).</p> <p>(continued on next page)</p> | | |

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| <p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>Record review of Resident #3's care plan, revised 01/18/24 , reflected the resident had altered respiratory status/difficulty and was on continuous oxygen with interventions to clear airway as needed per MD orders and use O2 at 2L per NC.</p> <p>Record review of Resident #3's Quarterly MDS Assessment, dated 07/06/24, reflected the resident's BIMS score was unable to be assessed due to cognition. Resident #3 was dependent with all ADLs and mobility. Resident #3 received oxygen therapy.</p> <p>Record review of Resident #3's order summary report, dated 10/15/24, reflected in part the following orders:</p> <ul style="list-style-type: none"> -Continuous oxygen 1-6L related to shortness of breath; active, order date 11/04/23 - Check to make sure all tubing for oxygen/trach/humidifier have been changed and dated accordingly every shift if not, change and date them accordingly, active, order date 01/26/24. <p>In an observation on 10/15/24 at 10:45 AM, Resident #3 was lying awake in bed and was wearing her nasal cannula to receive oxygen. Resident #3 was unable to be interviewed due to cognition. Observation of the oxygen equipment revealed the tubing was not dated. There was not a humidifier present.</p> <p>In an interview on 10/15/24 at 11:00 AM, Resident #3's RP stated her only concern for the resident's oxygen equipment was the facility always ran out of the ear protectors, and she would have to buy some with her own money. The RP stated she did not notice the dates on Resident #3's tubing, and the resident did not use a humidifier with her oxygen.</p> <p>In an interview on 10/15/24 at 10:55 AM, LVN A stated she worked at the facility since 05/2024. LVN A stated the nurses were responsible for changing out the oxygen equipment at least once a week or as needed. LVN A stated the oxygen equipment was supposed to be changed out and dated every Sunday. LVN A was working on the hall with Residents #1, #2 and #3. LVN A stated the equipment should be checked each shift; however, she did not notice the residents' equipment was outdated. LVN A stated it was important to change the equipment at least weekly to keep it clean and to prevent infection from traveling to the residents .</p> <p>In an interview on 10/15/24 at 2:55 PM with the Administrator and the DON, the DON stated she worked at the facility for two days. The DON stated she was in the process of getting familiar with the facility's policies and in-services staff. The DON stated she was unaware Residents #1, #2 and #3's oxygen equipment was outdated or had not been changed. The DON stated it was standard practice for oxygen equipment to be changed and dated once a week and as needed. The DON stated it was important to check the equipment at least once a week to keep it clean and ensure that it was working properly. The DON stated it was the nurses' responsibility to check and change the oxygen equipment once a week and as needed. The DON stated the expectation was for all nurses to check the oxygen equipment daily, during each shift. The Administrator agreed with the expectation. The DON stated not changing out the equipment at least once a week could place the residents at risk of infection.</p> <p>Record review of a document provided by the DON, on 10/15/24, reflected 12 residents required either continuous or PRN oxygen administration.</p> <p>(continued on next page)</p> | | |

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| <p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>Record review of the facility's policy titled Departmental (Respiratory Therapy) Prevention of Infection, revised November 2011, reflected in part the following:</p> <p>Purpose: The purpose of this procedure is to guide prevention of infection associated with respiratory therapy tasks and equipment, including ventilators, among residents and staff .</p> <p>Steps in the procedure .</p> <p>7. Change the oxygen cannula and tubing every 7 (seven) days, or as needed</p> | | |